

Appln. No. 09/994,353  
Amendment dated February 17, 2005  
Reply to Office Action mailed November 17, 2004

Attorney's Docket No. 24-0548  
Client's Docket No. P1717US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. 09/994,353  
First Named Applicant: ERIK G. BURROWS  
Filed: 11/26/2001  
For: METHOD AND SYSTEM FOR ASSIGNING  
AN IP ADDRESS TO A HOST BASED ON  
FEATURES OF THE HOST

TC/A.U.: 2182  
Examiner: Sorrell, Eron J

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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AMENDMENT

Sir:

Responsive to the Office Action mailed November 17, 2004, please  
amend the application as follows:

**Amendments to the Specification:** None.

**Amendments to the Claims** are reflected in the listing of claims which  
begins on page 2 of this paper.

**Amendments to the Drawings:** None.

**Remarks/Arguments** begin on page 9 of this paper.

**LEONARD  
& PROEHL**

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Date: 2/17/05Fax Number: (703) 872-9306To Examiner: Sorrell, Eron J.  
Group Art: 2182From: Jeff Proehl Mark Ekse Robert K. Huck  
Stephanie Voigt Cheryl Edblom OtherRE: Appl. No. 09/994,353 Filing Date: 11/26/01 Applicant: Burrows  
Formal Response to OA mailed 11/17/04  
and Fee transmittalTotal Number of Pages (Including cover sheet): 15 (Please call us as soon as possible if you do not receive all pages).**Certificate of Transmission**

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **200.00****Complete If Known**Application Number **09/944,353**Filing Date **11/26/2001**First Named Inventor **Erik G Burrows**Examiner Name **Sorrell, Eron J**Art Unit **2182**Attorney Docket No. **P1717US01****RECEIVED****CENTRAL FAX CENTER****FEB 17 2005****METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **500439** Deposit Account Name: **Gateway, Inc**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =	4	x	50.00	=	200.00
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =		x		=	
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =		/ 50 =		(round up to a whole number) x		=	
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) <b>35,987</b>	Telephone <b>605 339-2028</b>
Name (Print/Type) <b>Jeffrey A Proehl</b>			Date <b>February 17, 2005</b>

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